

Fill in this information to identify the case:

Debtor name **Southern Inyo Healthcare District**United States Bankruptcy Court for the: **EASTERN DISTRICT OF CALIFORNIA**Case number (if known) **1:16-bk-10015-FEC**
☒ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	General Electric Capital Corporation <small>Creditor's Name</small> 800 Long Ridge Rd. Stamford, CT 06927 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred November 2012 Last 4 digits of account number 7056 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien One (1) GE Healthcare Proteus X-Ray Xe/A 65 W Radiographic System Describe the lien Non-Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$32,320.26	Unknown

2.2	General Electric Capital Corporation <small>Creditor's Name</small> 800 Long Ridge Rd. Stamford, CT 06927 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred November 2014 Last 4 digits of account number 8321	Describe debtor's property that is subject to a lien One (1) GE Healthcare GE Optima CT 660 System and (1) Fisher healthcare Vitros Chemistry System and One (1) GE Healthcare Mobile CT Scanner, etc. Describe the lien Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$32,808.85	Unknown
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Debtor **Southern Inyo Healthcare District**
Name

Case number (if know)

1:16-bk-10015-FEC**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed**2.3 Healthcare Conglomerate Associates**

Creditor's Name

**869 N. Cherry Street
Tulare, CA 93274**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**January 2016****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Accounts Receivable and healthcare receivables, including but not limited to private insurance payments, managed care payments, and payments from governmental payors, including Medi-Cal and Medicare.**Unknown****Unknown**

Describe the lien

Non-Purchase Money Security

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4 Healthcare Resource Group, Inc.**

Creditor's Name

**6571 Altura Blvd.
Buena Park, CA 90620**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**July 2015****Last 4 digits of account number****4638****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All accounts, equipment, inventory, and rents.**\$209,028.92****Unknown**

Describe the lien

Non-Purchase Money Security

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed**2.5 Leasing Associates of Barrington, Inc.**

Describe debtor's property that is subject to a lien

Unknown**Unknown**

Debtor **Southern Inyo Healthcare District** Case number (if known) **1:16-bk-10015-FEC**

Name

Creditor's Name

**220 North River Street
Dundee, IL 60118**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

October 2015

Last 4 digits of account number

9810

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**One Advia Hematology System**

Describe the lien

Purchase Money Security

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.6 Marlin Leasing Corp.**

Creditor's Name

**300 Fellowship Road
Mount Laurel, NJ 08054**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

October 2010

Last 4 digits of account number

9986

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$0.00**\$0.00****Trade Debt**

Describe the lien

Purchase Money Security

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.7 Optum Bank, Inc.**

Creditor's Name

**2525 Lake Park Boulevard
Suite 110
Salt Lake City, UT 84120**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

February 2015

Describe debtor's property that is subject to a lien

\$1,676,000.00**Unknown****Real property located at 501 E Locust St.,
Lone Pine, CA 93545, and all rents arising
therefrom; all fixtures****Office building in which the hospital is
located.**

Describe the lien

**Deed of Trust and Non Purchase Money
Security Interest**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor **Southern Inyo Healthcare District**
Name

Case number (if know)

1:16-bk-10015-FEC

Last 4 digits of account number

7501

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed

2.8

Siemens Financial Services, Inc.

Creditor's Name

**aka: Siemens Diagnostics Financing Co.,
3850 Quadrangle Blvd.
MS AFS 466
Orlando, FL 32817**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

April 2012

Last 4 digits of account number

4558

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Various laboratory equipment.**\$0.00****Unknown**

Describe the lien

Purchase Money Security

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.9

Siemens Healthcare Diagnostics, Inc.

Creditor's Name

**3850 Quadrangle Blvd.
MS AFS 466
Orlando, FL 32817**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

May 2012

Last 4 digits of account number

3419

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Instrument: CA 530 seria # F3053**Unknown****Unknown**

Describe the lien

Purchase Money Security

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Debtor **Southern Inyo Healthcare District** Case number (if know) **1:16-bk-10015-FEC**
 Name

2.1 0	Thermo Fisher Financial Services Inc. Creditor's Name 81 Wyman Street Waltham, MA 02454 Creditor's mailing address Creditor's email address, if known Date debt was incurred March 2013 Last 4 digits of account number 7699 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Abbott ISTAT 1 Upgrade from 200 Series Describe the lien Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$408.00	Unknown
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2.1 1	US Foods, Inc. Creditor's Name 9399 West Higgins Road Suite 500 Des Plaines, IL 60018 Creditor's mailing address lola.anibaba@usfoods.com Creditor's email address, if known Date debt was incurred November 2015 Last 4 digits of account number 8248 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Accounts, goods, inventory, equipment, fixtures, and vehicles together with the proceeds therefrom. Describe the lien Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$35,539.19	Unknown
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3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$1,986,105.22**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Capitol Corporate Services, Inc.
455 Capitol Mall Complex
Suite 217
Sacramento, CA 95814

Line **2.10**

Debtor	Case number (if know)	
Southern Inyo Healthcare District Name	1:16-bk-10015-FEC	
Ever Bank 10 Waterview Blvd Parsippany, NJ 07054	Line <u>2.2</u>	7001
GE Healthcare P.O. Box 96483 Chicago, IL 60693	Line <u>2.2</u>	
GE Healthcare Fin Service P.O. Box 641419 Pittsburgh, PA 15264	Line <u>2.2</u>	
GE HFS, LLC 500 W. Monro Chicago, IL 60661	Line <u>2.1</u>	8001
GE HFS, LLC c/o Lisa M. Peters Omaha Building 1650 Farnam Street Omaha, NE 68102-2186	Line <u>2.1</u>	8001
General Electric Capital Corporation 20225 Watertower Blvd. Brookfield, WI 53045	Line <u>2.1</u>	
General Electric Capital Corporation P.O. Box 414 W-490 Milwaukee, WI 53201	Line <u>2.2</u>	4812
General Electric Capital Corporation 20225 Watertower Blvd. Brookfield, WI 53045	Line <u>2.2</u>	7001
Healthcare Resource Group, Inc. c/o Mahabir Atwal 8101 Aurora Lane Whittier, CA 90605	Line <u>2.4</u>	
Healthcare Resource Group, Inc. 12610 E. Mirabeau Pkwy Suite 800 Spokane, WA 99216	Line <u>2.4</u>	4638
HRG 12610 E. Mirabeau Pky, Suite 800 Spokane, WA 99216	Line <u>2.4</u>	
Marlin Leasing Corp. P.O. Box 13604 Philadelphia, PA 19101	Line <u>2.6</u>	0018
Thermo Fisher Financial 475 Sansome Street, 19th Floor San Francisco, CA 94111	Line <u>2.10</u>	
US Foods Reno Sierra NV Dept. 34780 P.O. Box 39000 San Francisco, CA 94139	Line <u>2.11</u>	